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LUCAS-CHAMPIONNIÈRE, M. D.

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CHIEF EDITOR.

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CHAMPIONNIÈRE'S JOURNAL  
OF  
PRACTICAL MEDICINE AND SURGERY  
H. CHAILLOU, M. D., EDITOR.

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## ART. 6010.

*New cases of reproduction of bone. — Relative value of destruction of the sac and occlusion of the lachrymal ducts for the treatment of hernia lachrymalis. — Prizes of the Institute. — Researches on the mechanism of voice. — Cæsarian operation performed post mortem. — Efficacy of the sulphurous douche in hypertrophy of the tonsils.*

Mr. Maisonneuve laid before the Academy of Sciences another instance of the reproduction of bone; in this case, the right side of the inferior maxillary was extracted *in toto*, with the articular condyle, and has been so perfectly replaced by the efforts of nature, that it is now almost impossible to discover which side of the jaw was removed by the surgeon. The patient was aged thirty-five, a circumstance which imparts additional interest to the case, in as much as the regeneration of bone at that period of life is less active than in youth. Another singular detail is the temporary preservation of the teeth, which were left by the operator attached to the gums, as movable as a string of beads, and became subsequently consolidated by the closing in of the ossified layers, secreted by the periosteum. Unfortunately, after having performed their functions for a space of two years, they one after another dropped out, but the patient nevertheless manages to masticate his food and to speak distinctly.

It was to be expected that Mr. Maisonneuve's communication would be but a preface to others of a similar description. Dr. Richarme, of Rive-de-Gier, has forwarded to the Institute a remarkable case of reproduction of the tibia and fibula, including both malleoli, and extending almost to the knee. The patient was a railway labourer, whose leg had been crushed by the wheel of a wagon. Six months after the infliction of the injury, the leg acquired an enormous bulk and was literally covered with sinuses. In fifteen operations, each lasting from half an hour to an hour, and performed in six months, Mr. Richarme removed all the mortified parts, the last

fragment extracted being about three inches in length. After a few months, the man was enabled to resume his duties of wagoner; he is not lame, and the joints have preserved the entire freedom of their movements.

At a more recent meeting, Mr. Jobert stated that since the year 1836, he had frequently preserved limbs, which otherwise must have undergone amputation, by removing invaginated sequestra. His *modus operandi* we have elsewhere described; it consists in a zigzag incision running through all the fistulous apertures, and finished off at either extremity by a transverse section in the shape of a T. This allows of a double flap being dissected off, and everted so as to expose the periosteum, and permits the surgeon to trephine the new osseous structure, and extract the necrosed bone, which is always included within the former as in a sheath. Mr. Jobert asserted that he had never observed any untoward consequences after this operation, and that his patients had been enabled to walk without lameness, as if no surgical interposition had taken place.

These cases are assuredly interesting, and speak highly for the discernment and dexterity of the practitioners who adduce them. Ages ago, however, the fact that a new osseous shaft may be secreted and become a substitute for a necrosed bone was universally known, and also that the extraction of the latter is far preferable to amputation. It is therefore desirable that competitors for the new prize (800l.) should discard cases of mere invaginated necrosis, and present instances of regeneration of bone under circumstances less commonly known. The fact of reproduction of bone is undisputed; but what requires clinical demonstration is the reproduction of bone by the periosteum *only*, in opposition to the doctrine which views the periosteum, the medullary membrane, and the bone itself as the necessary agents of such regeneration. In short, indubitable proof is required of the correctness of the doctrine propounded by Mr. Flourens, viz.: that if a bone be removed and the periosteum preserved, the latter will restore the bone.

— An eminent Parisian oculist, Dr. Tavignot, read be-

fore the Institute a paper on the comparative results of the treatment of lachrymal tumour by the complete destruction of the sacculus, and by the separate obliteration of lachrymal ducts. The too frequent insufficiency of the various operations proposed up to the present time for the cure of the lachrymal fistula and tumour seems to justify artificial interruption of all contact of the tears with the sac, which the latter has become manifestly incapable of bearing. This interruption may be effected by two different methods :

By the destruction of the receptacle of tears ;  
Or by the obliteration of the ducts which feed it.

Mr. Tavignot expressed his opinion as follows on the two procedures, which are as radically certain as can well be conceived :

“ The destruction of the lachrymal sac with the actual cautery or with escharotics is an operation not without some gravity, and may give rise to serious complications. It is, moreover, unsatisfactory in its results, either from the insufficiency of the cauterization, or from the subsequent formation of a rudimentary sac in the cicatrical textures ; a repetition of the operation, if assented to by the patient, presents much difficulty, because the remedial action cannot be limited to the exact spot in which relapse has taken place. The obliteration of the ducts is then the only appropriate procedure, and to this method I have several times resorted with success, as a last resource, after the failure of Nannoni’s procedure.

“ The obliteration of the anterior portion of the lachrymal ducts is an operation much more simple than the former, and of far less doubtful efficacy. Palpebral excision and galvanic cauterization are the two procedures of the method ; for the last six years I have had frequent recourse to both, in order to estimate their comparative value, which I may briefly state as follows : excision does not always succeed at once, and often requires to be performed twice or three times, on the same lid, before obliteration can be effected ; galvanic cauterization, on the contrary, has always been followed by immediate success. I should further add that it is of easier performance and less painful

than excision, although the latter causes but little suffering."

The question here entered on by Mr. Tavignot is one that cannot well be decided by any but specialists. Our learned fellow-practitioner may be right; but we must remind our readers that, some five or six years ago, another equally eminent oculist, Dr. Magne, stated at one of the meetings of the Medical Society of the first Arrondissement of Paris, that in forty cases he had cauterized the sac with unvarying success, except in one instance when caries of the lachrymal bone was present. Since that period, Mr. Magne has met with several cases in which cauterization of the sacculus proved ineffectual, but they were proportionately few in number, and a favourable issue has been the rule. According to this gentleman, the failures of Nannoni's method should not be ascribed to any defect inherent in the method, but to the weakness of the cauterizing agents employed. Mr. Magne has always used butter of antimony with the most satisfactory results. His *modus operandi* is very simple and may be divided into two stages :

1. With a straight, pointed bistoury, held like a pen, the surgeon punctures the sac. The knife should be inserted perpendicularly about half a line within the tendon of the orbicularis, the escape of puriform matter informs the operator that the sacculus has been reached, and the incision should then be extended about three lines downwards.

2. The wound having been cleansed, a small instrument of Mr. Magne's invention, which he calls *dilatateur du sac*, is introduced into the incision, and intrusted to an assistant. He then inserts into the most remote part of the sacculus his caustic-holder, charged with butter of antimony, directing the instrument upward and inward in order to place it in immediate contact with the apertures of the ducts.

*Dressing.* A fenestrated compress covered with cerate, a plegget of lint, a square piece of linen, and an appropriate bandage form the dressing, which should not be removed for three days, when suppuration being established, it should be changed every morning. The eschar falls away from the seventh to the tenth day, and if un-

foreseen accidents do not intervene, cicatrization is complete *twelve days* after the operation.

— In another part of the present number will be found the list of prizes awarded and offered by the Institute at its annual meeting for questions connected with medical science. Several of the papers which the Academy has deemed worthy of a recompense, and they are but few, we have noticed specially, and as it were by anticipation. Among others we may mention Mr. Davaire's researches on *Entozoa and Parasitic Diseases*, Mr. Bergeron's paper on the *Ulcerous Stomatitis of Soldiers*, and the memoirs of Mr. Demarquay on *Glycerine*, and of Mr. Raimbert on *Carbuncular Affections*.

Among the works which the Institute has set aside for further examination are comprised recent inquiries on *Pellagra*. The conflicting opinions expressed by the authors of these researches, which are all of a highly scientific character, the uncertainty still prevalent as to the circumstances which promote or determine the development of the disease, have induced the committee to pause before coming to a decision. It has also surmised that these researches, having awakened attention to the fact unnoticed up to a recent date, that pellagra had been discovered in several departments of the French Empire, and in some lunatic asylums where its existence had not previously been suspected, might possibly give rise to further investigation. The committee has deemed the subject of such great importance that it has resolved to propose to the Academy to offer a new prize for the best treatise on the *Pathology of Pellagra*.

Seventeen papers have this year been forwarded to the Academy for the Bréant prize; fourteen refer to cholera. The greater number consist of short notes, letters, or even remedies, without any particulars, with regard to the latter, beyond the mere assertion of their efficacy. None have been deemed worthy of the attention of the Institute.

Two works on the subject of eruptive diseases have been set aside for the next competition.

Our readers are aware that, in accordance with the terms of the will of Mr. Bréant, dated the 28th of August, 1849,

the Academy has instituted a prize of 4000*l.*, the full amount of the bequest, and in addition an annual prize of 160*l.*, representing the interest of the above capital.

Competitors for the 4000*l.* prize are required

*To discover a method of treatment for Asiatic cholera, which may be proved to have been successful in the immense majority of cases.*

Or,

*To indicate in the most precise manner the causes of Asiatic cholera, and the readiest means of suppressing such causes, and of checking the progress of the epidemic.*

Or lastly,

*To discover for cholera preservative measures as efficacious and as evident as vaccination for small-pox.*

For the annual prize of 160*l.* the competitors are required to demonstrate by the most exact procedures the existence in the atmosphere of substances liable to produce or to propagate miasmatic diseases (1).

Should the above conditions not be complied with, the annual prize of 160*l.*, may, in accordance with the word-

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1. The *Cosmos* states that Dr. Theophilus Eiselt, of Prague, has just made a discovery in that class of researches which falls within the compass of the Bréant prize. In the great foundling hospital at Repy, near Prague, during last autumn and winter, among 250 children aged from six to ten, 92 cases of conjunctival blennorrhœa were observed. Dr. Eiselt remained convinced of the impossibility of this epidemic having been propagated by contact, for both he and the nurses had taken particular care not to touch the eyes of the patients, and notwithstanding this precaution, they were all attacked with the same disorder. At length, Dr. Eiselt resolved on examining the air of one of the wards, where a great many of the patients were confined; for this purpose he employed Mr. Pouchet's aeroscope, improved by Professor Purkinje of Prague, a contrivance by which a determined quantity of air is driven against an adhesive surface, where it leaves all the solid particles it contains in a state of suspension. The very first experiment revealed to Dr. Eiselt a number of minute pus-cells which had been floating in the air, and without doubt had served to propagate the epidemic. The importance of the discovery has induced several members of the Imperial Society of Medicine of Vienna to commence a series of experiments on the subject, the results of which will also be communicated to the readers of the *Cosmos*.

ing of the will, be awarded to any one who shall have discovered the means of radically curing chronic cutaneous diseases, or have thrown light on their causes.

— We must also notice a memoir of Mr. Bataille, which the Academy heard with much interest. M. Bataille, a graduate of the Faculty of Paris, is a professor of the *Conservatoire de Musique* and one of the most popular singers on the stage; his paper is entitled : *New researches on phonetics*.

If the phenomena of all kinds described in this paper are synoptically considered, they will be found to form three distinct groups, proportionate to each other, and essentially concerned in the production of the human voice. These phenomena, which constitute, as it were, the *vocal tripod*, are the tension of the vocal chords, the closing of the posterior part of the glottis, and the current of air, all three so mutually essential that if even one fails, no sound can be emitted. Taking this proposition as his starting-point, Mr. Bataille examines these three elements in the twofold aspect of their mechanism, and of the results induced by their production. He then describes the fascicular structure of the special laryngeal muscles, which he conceives to be the cause of the admirable ease with which the human voice can in an instant run through the smallest divisions of the musical scale, and charms the ear by the rapid succession of the most widely different sounds.

We must be allowed to decline entering upon the analysis of a work which embraces the complete theory of the human voice. We merely wish to establish the fact that, although the learned Professor of the Conservatoire has concentrated his brilliant talents upon the study and practice of his art, he has not altogether severed the ties which formerly connected him with medical science.

— The Academy of Medicine has devoted several meetings to the discussion of the question of the *post-mortem Cæsarian* operation. We have nothing to add to the remarks we offered, some months since, when we noticed Mr. Hatin's memoir, and Mr. de Kergaradec's report.

We conceived, and Mr. Depaul agrees with us, that the practitioner is the only competent judge of the course to be adopted after the sudden death of a gravid woman. The legislator has invested him with all the necessary authority, and any new addition to the law on the subject would not only be unnecessary, but might perhaps become dangerous.

We supply our readers in another part of the present number (Vide *Learned Societies*) with a summary of the speeches of Messrs. Depaul, Tardieu, and Mr. Devergie, the Reporter of the committee. This gentleman has especially considered the question with regard to professional obligations, and as he describes, with equal prudence and lucidity, the rules which should guide the surgeon, we have reproduced *in extenso* his address to the Academy.

Mr. Blache, at one of the recent meetings of the Academy, read an excellent report on a memoir by Mr. Lambron on the advantages derivable from sulphurous douches in the treatment of enlargement of the tonsils.

The serious consequences of this hypertrophy on the development of the chest, and on the function of hematosis are well known. It should therefore be remedied; but the excision of the tonsils is an operation of some gravity and occasionally of some danger; these glandular organs have certain functions to perform, and their removal may moreover induce hemorrhage. Mr. Lambron, assistant inspector of the spas of Bagnères de Luchon, in order to avert the necessity of a more or less perilous resort to the knife, has therefore endeavoured to reduce the chronic enlargement of the tonsils by sulphurous douches *intra et extra*, on a level with the angle of the lower maxillary. His memoir concludes with a table of thirty-two cases in which this method was resorted to with benefit. The sulphurous douche induced invariably rapid diminution of the glandular hypertrophy, and no operation was in any case necessary: the health of the patients improved at the same time, and the sulphurous waters seem to have effected a cure of the morbid predispositions which had induced the disease or had arisen during its progress in the shape of complications.

## ART. 6011.

## HOTEL-DIEU.

(Mr. Rostan's wards; Mr. Hérard, Professor pro. tem.)

*Exhibition of food in typhoid fever.*

The vast number of catarrhal and typhoid fevers which have been observed in Paris, for two months past, recently suggested to the young and able professor who this year supplies Mr. Rostan's place at the Hôtel-Dieu, some remarks on the treatment of typhoid fever.

This treatment, said Mr. Hérard, is of course different according to the theory adopted on the nature of the disease. The practitioner who views in typhoid fever follicular inflammation of the intestinal tube, an ulcerous affection of Peyer's glands and consequent absorption of poisonous fluids calculated to induce a septic condition, consistently prescribes antiphlogistic remedies in the incipient stage, and tonics in the more advanced period of the disease. Likewise, those who conceive that the decomposition of the local secretions is the primary cause of the infection of the system act consonantly with their theory in systematically exhibiting emeto-cathartics and laxatives. In these opinions however Mr. Hérard does not participate; while taking into serious account the intestinal eruption, which, like that of small-pox, induces a certain amount of circumambient inflammation, he cannot admit this to be the proximate cause of typhoid fever. No concordance can be traced between this anatomical change and the general condition of the patient, the gravity of which must be acknowledged to be entirely independent of the local injury. Hence the latter cannot be taken for a guide in the choice of the medication most appropriate to a fever in which the collapse of vital power and the obvious tendency to hemorrhage and mortification point most distinctly to a primary alteration in the composition of the blood. Mr. Hérard does not deny that an emeto-cathartic may be proper to remedy the foul state of the primæ viæ, so common in the

early stage of typhoid, but he can neither concede to aperients, to venesection, nor to local blood-letting the privilege of being the exclusively appropriate modes of treatment of the disease.

In typhoid fever Mr. Hérard proceeds as follows :

In moderate, and *a fortiori* in mild cases, he refrains from any active interference calculated to debilitate the patient, and to cause the disease to assume the dangerous form which justly occasions so much dread. Mr. Hérard prescribes an emeto-cathartic, one or two doses of saline aperients, a few baths if the skin be very hot and dry, and wine and water. Baths restore the functions of the skin, and usually induce sleep. In the adynamic variety, he resorts to tonics, stimulates the system with Malaga or Bordeaux wine, either in drinks or in enemas, prescribes from half a drachm to a drachm of powdered cinchona bark, in coffee without milk, and also recommends various stimulants, such as musk, camphor, acetate and carbonate of ammonia. He causes, at the same time, the eschars to be covered with powdered Peruvian bark, and requires from the nurses the most strict attention to cleanliness. In the ataxic form, the most fatal of all, blood-letting, leeches, blisters, are unavailing ; all remedies seem powerless. In order, however, not to appear entirely inactive in cases of such dire gravity, he prescribes stimulants, dry cupping of the extremities, blisters to the nape of the neck, and cold affusions cautiously administered. In the thoracic form which, this year, has been the most prevalent, blistering and cupping with scarification are the remedies which Mr. Hérard has chiefly resorted to.

The above is a brief summary of the treatment appropriate to typhoid ; but in the management of the disease the all important, the capital question is that of food.

Despite the wise precepts of Hippocrates, said Mr. Hérard, despite the recent researches which have only confirmed their value, we are still all more or less influenced by the now exploded doctrine of irritation. The terms fever and food still appear to imply a contradiction, although it is but too certain that in typhoid prolonged abstinence leads to the most disastrous results.

Some ten years ago, Mr. Hérard was in attendance on

a lady suffering from a moderately violent attack of the malady under consideration. Cerebral symptoms having set in, a consultation took place, and an eminent professor of the School of Medicine recommended absolute abstinence from food, and the daily exhibition of one or two glasses of Seidlitz water. The latter part of the prescription Mr. Hérard took upon himself in some degree to modify, but the abstinence was strictly enforced. After two or three weeks' treatment, the pulse rose from to 110 to 120, nocturnal agitation set in, with wandering, delirium, vomiting and diarrhoea. On the following days, the frequency of the pulse increased to 145, vomiting became incessant, the diarrhoea incoercible, the delirium constant; the tongue was red, and thrush appeared over the entire mucous lining of the mouth. Another consultation was deemed expedient; the three gentlemen, whose opinion was requested, viewed the case in a different light. One pronounced the patient to be suffering from softening of the stomach; the others, struck by the pinched countenance, the emaciation of the entire body, and the cough which had set in, in the incipient stage of the disease, believed in galloping consumption, and proposed cod-liver oil. Mr. Hérard, who had long been acquainted with the patient, found it impossible to adhere to any of these views, and being moreover unwilling to venture, under the existing circumstances, on the exhibition of cod-liver oil, surmised that the previous protracted abstinence might possibly have some share in the aggravation of the symptoms, and determined upon trying the effects of nutriment. He found it almost impossible, at first, to carry out this plan, and it was with the utmost difficulty that a few drops of iced beef-tea were swallowed. He succeeded by dint of perseverance however; and when the food remained on the stomach, and in proportion to its increase, the pulse fell from 145 to 130, 120, 115 and 100; the delirium yielded, and in short the patient recovered.

Mr. Hérard is convinced that similar cases are of not unfrequent occurrence, and that the dangerous symptoms of the ataxic form of typhoid are often induced by the strict abstinence previously enforced. In a highly interesting

paper on the subject, Mr. Marotte has established that vomiting, diarrhœa, and delirium, more especially the latter, are characteristic of starvation. In a lecture which we recently published, Mr. Trousseau already pointed out the striking analogy existing between the more serious symptoms of typhoid and those of autophagy consequent on protracted abstinence. The valuable experiments of Mr. Chossat, the eminent physiologist, may further be adduced in illustration of the theory which accounts for this extremely important fact, and must lead to a complete change in the treatment of typhoid fever.

The expression we advisedly use is treatment, not diet. Nutriment here must be viewed not as an adjuvant, but as the principal medicinal agent. It has been objected that if food be exhibited, indigestion and emesis must follow. This is correct after protracted abstinence, and proves the necessity of early alimentation, otherwise the digestive powers of the stomach become impaired and the food is rejected. Opponents of the method further urge the impossibility of venturing on the exhibition of nutriment, on account of the deposits which necessarily exist on the mucous surface of the stomach, and poison the breath of the patient by their decomposition. Now these deposits are frequently but one of the consequences of abstinence, and if the tongue and gums are cleansed with a brush impregnated with honey of roses or syrup of mulberries, the sores do not form again after the ingestion of food. Mr. Hérard had recently under his care, at Lariboisière, patients who have fasted for three weeks, and who displayed marked distaste for any kind of nutriment. The gums were covered with sores, the breath was foul; but after cleansing the mouth, and scraping the tongue, food, which these patients were compelled to take, produced its usual salutary effects, and in a few days was accepted with pleasure and with the most beneficial results. Mr. Marotte relates the case of a young man, aged twenty, who at first compelled to eat, soon took his food with pleasure, and ultimately recovered in an un-hoped for manner. The propriety of feeding patients suffering from typhoid has also been questioned in another respect: the presence of intestinal ulceration, of

tympanitis and diarrhoea had been viewed as a direct counter-indication to the exhibition of nutriment, and as the probable cause of the most perilous symptoms in case this method was resorted to. This fear, gentlemen, is entirely chimerical. You must not, moreover, forget that the cachectic condition of the patients is the greatest possible obstacle to the healing of the ulcers, and that the latter are portals through which poisonous principles will most readily be admitted. Subjects affected with intestinal ulcerations should be fed, and the ulcers, nevertheless, decrease in size and heal, in the same manner as bed-sores, so common under similar circumstances, yield to the influence of generous diet. Some short time ago, a woman was admitted into the Hôtel-Dieu, on the twentieth day of a typhoid fever complicated by extensive mortification in the region of the sacrum. Nutriment, appropriate in nature and in quantity, was gradually exhibited, and the wound speedily lost its pale aspect, assumed a more healthy hue, granulated and healed. Had abstinence from food been here persevered in, she would very probably have perished; but a contrary course was followed, and she recovered rapidly. Another beneficial effect of nutriment is to shorten the duration of the convalescence, which formerly was interminable after putrid fever. Patients, who have received adequate support during the progress of typhoid, have been known to pass without any transition from disease to health, and to walk in the garden of the hospital on the very first day they left their bed.

It is not unimportant to inquire what should be the nature of the nutriment allowed? It was formerly the custom to exhibit food when only the feverishness had subsided, and it sometimes unfortunately happened that the delay was so long as to render the food superfluous. Other practitioners prescribe broth, under the impression that broth is sufficient support to the system. Broth is doubtless a nutrimental substance; we are all acquainted with affords restorative power, but we must not exaggerate its value. Mr. Bouchardat demonstrates that a quart of broth contains but six drachms of solid nutriment, two of which are saline ingredients; subtract from the remaining

four drachms a certain amount which passes through the kidneys, and you will doubtless agree with me that the residue affords but insufficient support to the system.

Mr. Hérard proceeded to describe his mode of administering food in typhoid. Soups are, in his opinion, the best articles of diet; egg-flip is often useful, and contains a large proportion of nutriment especially applicable in the thoracic variety of the disease. Jellies are also advantageous, and when, on account of their volume, soups are not easily digested, the Professor, even at an early period of the fever, does not hesitate to recommend the suction of a mutton-chop. Patients, whose stomach rejects the weakest broth, frequently digest with facility a small piece of broiled beef or mutton. He is no friend of the debililating *tisanes* and diet-drinks usually prescribed, but agrees with Mr. Monneret in the utility of wine, as a stimulant of the vital powers. The beverage he recommends is weak wine and water, and in addition, eight ounces of Bordeaux or bark wine to be taken in enemas if necessary. When the digestive powers of the stomach have been much impaired, he conceives that pepsine, acting as a kind of ferment, promotes the assimilation of the food and gives the gastric viscera time to recover their secretive action, the patient, in the meanwhile, not suffering from the effect of injurious abstinence. Fifteen grains of pepsine may therefore be exhibited in a wafer with animal food.

In addition to these physical restoratives, Mr. Hérard has recourse to moral agency. The greater number of individuals suffering from typhoid fever in the hospitals are young people of both sexes, not only strangers in Paris, but often foreigners. Their isolated condition, combined with the knowledge that they are labouring under serious illness, has much to do with the low condition into which they speedily fall. Hence the importance of encouraging such patients by a kindness of manner and of language, calculated to improve their moral condition, and to counteract the unfavorable influence exercised upon their system by the distressing circumstances under which they happen unfortunately to be placed.

## ART. 6012.

## HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Treatment of erectile tumours by vaccination.*

Vaccination, as a remedy for certain forms of erectile tumour, does not deserve the discredit into which it has fallen. Mr. Nélaton's remarks on the subject, in 1857, (Vide Art. 5358) seem even more forcible in 1861. This method, observed he in a lecture delivered on the 24th of April, is excellent, but requires both skill and discrimination.

It is obvious that no beneficial result will be attained, if the same procedure is here adopted as for common vaccinal inoculation. A certain amount of blood escapes, the hemorrhage is checked, a second and a third puncture are made in the neighbourhood of the first, etc.; but at each puncture blood flows, carrying off the virus, and covers the parts, a few pustules being the result, separated by intervals of textures which undergo no subsequent modification in consequence of the operation.

The escape of blood must here most carefully be guarded against.

For this purpose, Mr. Nélaton uses entomological pins or very fine needles, and vaccination is performed not with preserved virus, but from a pustule. A pin bearing vaccine matter is inserted into the tumour, to a depth not exceeding two lines, and serves as an obturator to the wound. The same system is followed for the other punctures, which the operator deems necessary, their number of course being proportionate to the extent of the surface in which the surgeon wishes to induce structural change, and calculated in accordance with the known diameter of vaccinal pustules. Thus, in order that the required effects be produced, it is requisite that the areolæ of the pustules should overlap each other so as to leave no intervening islets. According, therefore, to the peculiarities of each case, the insertion of 7, 8, 10, 15,

20, or even 30 pins may be necessary; they should not be removed for three or four minutes. If these precautions are attended to, the operation will assuredly prove successful.

This procedure is sufficient for a nævus, but would fail to produce any beneficial effect on a thicker or sub-cutaneous tumour. In this instance it becomes necessary to establish channels within the erectile mass, and to deposit the virus within the depth of the growth. In the case of a little girl, the particulars of which will be found in our previously quoted article, an enormous erectile tumour existed in the parotidian region, and Mr. Nélaton operated as follows: The growth was traversed by six filiform setons, four of which were inserted horizontally and two in a vertical direction. The threads were allowed to remain *in situ* for a week, so as to establish suppurating sinuses, from which no blood was discharged. The vaccinal fluid was then introduced by means of threads impregnated with virus, and before their insertion, the surgeon resorted to a precautionary measure which we must describe. Each thread was placed within a very slender lachrymal canula, as a protection, not only to the thread, but to the apertures of the sinuses through which it was necessary it should enter. Had this little contrivance not been resorted to, the virus would have been retained and would have accumulated at the entrance of the sinuses, where useless pustules would have been evolved, and unsightly scars must have been the result. After an interval of four days, the usual period of incubation, the morbid mass became considerably tumefied, the threads were withdrawn, the tumour gradually collapsed, and it was soon ascertained that the erectile portion of the growth had entirely disappeared.

These tumours are not always of a simple character. Mr. Nélaton has shown that, in addition to their vascular elements, they are sometimes constituted by glandular hypertrophy, as in the case we have just related in which marked enlargement of the parotid existed, and that they occasionally contain adipose or muscular structures. Messrs. Nélaton, Velpeau, and Denonvilliers have met with a certain number of such complex vascular growths,

which the former Professor denominates *Composite erectile tumours.* (Art. 5441.)

With regard to the treatment of nævi and other vascular swellings by the process of vaccination, Mr. Nélaton laid down with precision the indications and counter-indications of the treatment.

Caustics, said he, are not applicable in all regions. In the mouth, in the nostrils, for instance, it is extremely difficult to resort to the use of escharotics, and it is in these cases, of course if the patient has not been previously vaccinated, that the method under consideration may be considered to possess a peculiar degree of utility.

Mr. Nélaton, in illustrations, related the case of an infant aged three months who bore an erectile tumour in the posterior part of the septum of the nose. The growth extended somewhat over the lip and seemed perfectly simple, but on further examination it was found to penetrate on either side into the nostrils and to interest the entire sub-mucous texture. In this instance caustics would have been inappropriate, and the Professor resolved on trying the effects of vaccination. He inserted four or five pins into the cutaneous part of the tumour and a far more considerable number of needles into the nostrils. An abundant eruption followed and induced, as he expected, the obliteration of the vascular net-work.

The privilege enjoyed by vaccination to modify the textures without destroying them, should induce the surgeon to prefer this method for the cure of certain erectile tumours of the lids, in which it is all important to avoid the formation of ectropium.

With regard to the other parts of the face and neck, which in general remain exposed, the surgeon should be guided, in his choice of an operative procedure, by the extent and thickness of the growth. A small tumour of one or two lines in diameter does not, for instance, justify vaccination, because the pustule would be followed by a much too visible scar, of greater extent than the original disease. Mr. Nélaton prefers, in such cases, using a very pointed stick of Filhos's caustic (potassa cum calce). With this escharotic he merely touches the centre of the speck, the eschar spreads half a line beyond the spot

touched by the caustic, and the consequent eschar being very thin, the cicatrix is all but invisible.

When the vascular growth is larger, and occupies the entire depth of the skin, and penetrates even into the sub-cutaneous cellular layer, vaccination is appropriate. Mr. Nélaton resolved upon adopting this method in the case of a little child who bore on the lip a congenital, cutaneous erectile tumour, encroaching somewhat on the mucous membrane; it is of a purple colour and its increase in size is rapid. Here, as in one of the instances above recorded, a glandular, muscular or adipose substratum exists, and as in this sort of composite tumour several morbid elements enter into combination, *interstitial* vaccination may be adopted not only with equal, but often with chances of success superior to those afforded by any other procedure. Thus in vascular growths, complicated by hypertrophy of the parotid, it is an important point to avoid injury of the numerous ramifications of the facial nerve, which can be scarcely expected when escharotics or the actual cautery are employed, whereas vaccination modifies the vascular tissue without offending the nervous filaments. In the child we have alluded to, Mr. Nélaton, for a moment, felt some anxiety, on account of the tumefaction which followed the operation, and the pressure occasioned even some degree of paralysis; but this proved only a transitory symptom. A complete cure has been effected, and no permanent diminution of local sensation remains.

#### ART. 6013.

#### OPHTHALMOLOGY.

(Mr. Deval's dispensary.)

#### *Amaurosis.*

When reviewing Mr. Deval's work on Amaurosis (Art. 4438), we stated that in this disease, although blindness may be complete, a perfect cure should not be absolutely despaired of, provided it is possible to discover the cause. Now the *ætiology* of amaurosis is extremely complex, and Mr. Deval has recorded in his treatise

instances of amaurosis resulting from chlorosis, rheumatism, syphilis, worms, the puerperal state, eclampsia, epilepsy, hysteria, pellagra, albuminuria, diabetes, etc. In addition to these causes, each of which requires specific treatment, Mr. Deval admits two other species of amaurosis, the sthenic and the asthenic varieties. With regard to the former, Mr. Deval is very cautious in recommending blood-letting which, too liberally resorted to, has frequently, in his opinion, aggravated the disease. The following is a prescription of Mr. Deval, forwarded to us by Dr. Guyomar, which summarizes the medication adopted by that oculist in cases of amblyopia or *congestive amaurosis* attended with increased vascularity of the deep-seated parts of the eye:

1. Open the bowels with a saline aperient.
2. Apply the next day twelve leeches to the seat.
3. On the following days, take daily four of the powders here prescribed :

R. Calomelanos. . . . . 5 grains.  
Sacchari pulv. . . . . 1 dr.

M. Divide in chartulas 12.

4. Frequent lotions with cold water over the lids, forehead and temples.
5. Hot foot-baths, followed by sinapisms to the legs at bed-time.
6. Low diet.

An enumeration of the various stimulants recommended by Dr. Deval in asthenic amaurosis would be tedious. We may however remark that this practitioner lays much stress upon the caution necessary in the selection and mode of exhibition of these remedial agents, especially when they are energetic, in order to avoid causing too much excitement of the retina, and incurring the risk of destroying some faint remains of irritability. The stimulus should be gradually measured out, and the series of local agents be exhausted in succession from spirit of lavender and rosemary, Fioraventi's balsam, etc., to liquor ammoniæ pure or mixed with ether, strychnia, the ammoniacal liniment, etc. We will conclude by reproduc-

ing another prescription of Mr. Deval for hydrocephalic amaurosis consequent upon measles :

1. Shave the head, and anoint it, night and morning, with :

R. Potass. antimonio-tartratis. . . . 30 gr.  
 Ung. hydrargyri. } aa . . . . 1 1/2 dr.  
 Adipis. . . . .

Discontinue the frictions on the appearance of the eruption induced by the antimonial ointment, and dress the pustules with beet-leaves covered with lard or fresh butter.

2. Mustard poultices to be applied to the legs at bed-time.

3. Frictions all over the body with a flannel brush.

4. To take each day three of the calomel powders prescribed above.

#### MEDICAL CORRESPONDENCE.

ART. 6014. STRANGULATED HERNIA ; GANGRENE OF THE INTESTINE, ARTIFICIAL ANUS ; COMPLETE CURE WITHOUT OPERATION. — The wife of a farmer at Charbonnières (Nièvre) a robust woman, aged forty-five, who had hitherto enjoyed excellent health, was seized on the 25th of January 1861, with abdominal pain and vomiting. I was summoned to her assistance, and was informed that for two days she had suffered from violent colics, had passed no motion, and threw up every thing she attempted to swallow, even fluids. The skin of the patient was cold and moist, no fever was present, but she appeared much exhausted, and denied having ever noticed any rupture. On examination, I detected however in the right inguinal fold a very hard and indolent tumour of the size of a small walnut. During half an hour I endeavoured to reduce the hernia, and although I placed the patient in various attitudes, my efforts proved unavailing. I then prescribed poultices, and an ounce and a half of Epsom salts, which were rejected; repeated emesis followed, of a sterco-ral character, but no action of the bowels took place. On the 26th, I again attempted, as fruitlessly as before, to reduce the tumour, which had not increased in size, but had lost none of its hardness: fifteen leeches were prescribed, and poultices impregnated with a watery solution of extract of belladonna were applied over the leech-bites.

As fecal matter continued to be vomited, and the patient was becoming more and more exhausted, I resolved upon operating on the following day, if in the interval reduction was not effected. But on the 27th, when I saw the patient for the third time, I found the aspect of the hernia altogether changed. It was more flattened, its base was much extended and was now four inches in diameter; the skin was red, and in the centre existed a blackish phlyctæna emitting a gangrenous odour. The pain occasioned by the slightest contact, the evident fluctuation, and the crepitus caused by the displacement of gaseous particles on pressure with the fingers, unequivocally established the laceration of the bowel, and the effusion of the contents of the intestine into the subcutaneous cellular layer. A small incision of the epidermis of the phlyctæna was followed by the immediate discharge of a certain quantity of fluid stercoral matter, a circumstance which of course put an end to all thoughts of reduction, whether by taxis or by operation. The patient informed me that an officious female neighbour had, on the previous day, endeavoured during more than an hour to force back the hernia into the abdomen with a large brick wrapped up in linen, a rough and injudicious manipulation which had doubtless caused the intestinal laceration.

Under these circumstances, I conceived the formation of an artificial anus to be the only method likely to preserve life.

I divided with much caution, in successive layers, the envelopes of the tumour, and established an aperture sufficient for the free escape of the contents of the bowel. The vomiting and colics ceased altogether, and on the next day a large quantity of stercoral matter was found to have been discharged. The appetite being considerable, and no feverishness being present, I prescribed three cups of beef-soup with a little wine and water. The wound was cleansed and dressed with compresses impregnated with a strong decoction of cinchona bark. I recommended the patient to lie on her back, slightly turned on her right side, the legs somewhat bent, in order to prevent the retrocession of the intestine and stercoral effusion into the peritoneum. On the 29th, a greyish hue and gangrenous phlyctæna were observed over the entire inguinal region, from the symphysis pubis to the anterior and superior spine of the ilium. The same dressing was persevered in, and powdered cinchona bark was also spread over the diseased parts. The eschar gradually fell away during the ensuing week, considerable fragments of mortified textures being detached each morning, and on the 8th of February all the gangrenous portions were removed, leaving the abdominal muscles exposed to an extent of ten inches by five. The intestinal aperture, fifteen lines in diameter, allowed of the free escape of the contents of the bowel; the wound was dressed with pledgets of lint covered with a mild stimulant. The general condition of the patient was satisfactory. On the 15th of February the

healing process was rapidly advancing, and on the 17th and the following days, some stercoral matter was passed from the anus, although the greater part of the intestinal contents continued to be discharged from the artificial aperture. It was a matter of some importance to ascertain what was the precise extent of the injury of the intestine. I therefore inserted a voluminous India-rubber tube alternately both above and below the perforation, and satisfied myself that one half only of the circumference of the intestine was destroyed, and that the edges of the wound of the bowel had, in a considerable extent, united to the ring.

Having minutely inspected the parts and repeatedly assured myself of the accuracy of the diagnosis, I concluded that my efforts should now tend to effect, if possible, the complete obliteration of the artificial aperture, with the conviction that, if this object could be attained, the substances, in small quantity it is true, which were now excreted through the natural passages, would be compelled to travel through the intestine to the anus, and that a complete cure might follow. After careful abstersion of the wound, I spread with a small aquarelle-brush a very thin layer of *impalpable powder of cantharides* around the inguinal orifice; the dressing consisted of a piece of lint covered with stimulating plaster, and I placed over all a graduated compress. These applications were renewed every day and granulation set in vigorously; after a week the orifice was much reduced in size, barely admitted an instrument of the diameter of a quill and all the feces were evacuated through the natural passages. I managed the wound so as to avoid excessive or deficient inflammation, and on the twelfth day, the artificial orifice was perfectly closed, and did not allow of the escape of a single drop of fluid. On the 1st of March, scarcely thirty-five days from the beginning of her illness, the woman resumed the fatiguing labours of the fields with as much freedom of motion as if nothing had occurred. The cicatrix is now so thick and solid, that the truss which I had recommended her to wear as a precautionary measure has become perfectly unnecessary.

In the course of the last twenty-two years I have frequently resorted to the superficial application of the impalpable cantharides powder, to promote the closing of extensive wounds indisposed to heal. This method has always supplied me, I might almost say at will, with healthy granulations; and when this remedy is used with caution, it not only hastens cicatrization in the most marked manner, but moreover obviates the occurrence of any subsequent deformity of the parts, by causing the vacant spaces to be filled up by the artificial creation of reparative structures.

LEOPOLD DOUMIC, M. D.  
*Imphy, near Nevers (Nièvre).*

ART. 6015. FUNGUS OF THE TESTIS CURED BY PREPARATIONS OF IODINE, AND PRESSURE WITH THE HAND. — In June 1859, a blacksmith,

aged twenty-eight years, consulted me for gonorrhœal orchitis on the right side. The patient was a robust man, of sanguineous temperament, who for three years had been affected with gleet. From the epididymis the inflammation had spread to the body of the testicle, and when I was first summoned to the case, the organ was as large as a middle-sized turkey's egg. The inflammation was violent, and I prescribed at once leeches, mercurial ointment with belladonna, poultices, baths, and Epsom salts. The acute symptoms subsided in the course of eight or ten days, but the testicle preserved its morbid size, weight and tenderness. This condition became chronic, and both orchitis and gleet persisted for more than eighteen months, although no chancre or any other syphilitic symptom had ever been observed. Under these circumstances, the patient having overworked himself, the original acute symptoms of inflammation of the testis reappeared on the 26th of December 1860. The local pain and the feverishness were so intense as to prevent him from leaving his bed, and when I visited him forty-eight hours after, I found much redness of the skin and considerable pain on the slightest contact. I again resorted to antiphlogistic measures and prescribed leeches, a resolutive pomade, poultices, baths, saline aperients, diluent beverages, abstinence from food, etc.; but on this occasion, the sufferer derived no benefit whatever from a course of treatment which had formerly been so advantageous.

On close inspection of the tumour, I observed on the anterior aspect of the scrotum a prominence about fifteen lines in diameter, in which fluctuation was distinct; the integument was of a deep purple hue, and an incision which I performed at once gave issue to a small quantity of pus. In the course of two days, the pain subsided, but the man was restless and fancied that the testicle had partially extruded through the incision which had been made. His impression was correct; I found about one half of the seminal pulp protruding through the aperture, forming a soft tumour of the size of half a walnut, and displaying superficially a large number of very slender filaments, which were obviously but the spermatic ducts exposed to view. I adopted a course of treatment which yielded most satisfactory results :

Compresses impregnated with the following liquid were frequently applied over the tumour :

R. Aq. destillat. . . . .	4 oz.
Tinct. Iodinii . . . . .	2 2 $\frac{1}{2}$ dr.
Potassii Iodid . . . . .	$\frac{1}{2}$ dr.
Morphiæ muriatis . . .	1 $\frac{1}{2}$ gr.

M.

The patient was instructed gently to press the tumour with his hand over the dressings.

Internally a 4 ounce mixture containing  $3\frac{1}{2}$  grains of iodine, to be taken in the twenty-four hours, was prescribed, with nutritious diet and bark wine.

These remedies induced rapid diminution of the size of the tumour : the wound of the scrotum speedily contracted; I removed, without the loss of even one drop of blood, a minute portion of the testis which was still prominent externally, and in three weeks a complete cure was effected. The testis has now returned to its natural dimensions, and the only trace left of the disease is a small, oblong, and transversely flattened induration, constituted by the epididymis and some remains of the tunica albuginea (1).

The blennorrhœa still persisting a month and a half after the cure of the fungus, I had recourse to the mixed method I generally use in chronic urethritis, and succeeded in removing it in five weeks. This method consists in the daily exhibition of the syrup of citrate of iron and magnesia, and of one injection every six days of a solution of nitrate of silver of fifteen grains to the ounce.

Louis Pouy,  
Lannemezan (Hautes-Pyrénées).

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(1) Mr. Pouy's case is in many respects interesting, and the termination of orchitis by suppuration, *simple* chronic orchitis, and fungus of the testis are, in France at least, diseases of no frequent occurrence. We therefore avail ourselves of this opportunity to lay before our readers a short account of the present state of science on the subject.

We would in the first place recommend to the attention of any of our readers who may be desirous of inquiring more deeply into the matter a valuable paper published by Mr. Jarjavay in the *Archives générales de Médecine* (4th series. Vol. XX), and more especially Prof. Curling's *Practical treatise on diseases of the testicle, spermatic cord, and scrotum*, translated and commented by Prof. Gosselin. (8vo. Labé, 1857.) These publications demonstrate the existence of two varieties of fungus of the testis, one superficial and due to granulation of the serous surface of the organ, without laceration of the tunica albuginea or issue of the tubuli seminiferi; and secondly a parenchymatous fungus, the existence of which has been denied by Mr. Deville (*Moniteur des Hôpitaux*, 1853), but which has been so carefully observed by British authors, and subsequently by Mr. Jarjavay that it must preserve its place in nosology. The following is the prevalent opinion on the formation of the latter variety of fungus.

The plastic substance secreted in chronic orchitis, improperly named *yellow tubercle of the testis*, may be entirely absorbed under the influence of appropriate treatment; but it may also collect, induce local inflammation, and after a time ulceration of the tunica albuginea. The tunica vaginalis and the skin participate successively in the inflammation and ulceration, and a fungoid vegetation (*benignant fungus, or hernia of the testicle*) gradually emerges through the aperture, in the same manner as the brain, when a portion of its substance escapes through an

## SCIENTIFIC MISCELLANEA.

ART. 6016. ELEPHANTIASIS OF THE ARABIANS; VARIOUS MODES OF TREATMENT. — We find in the pharmaceutical review of the *Moniteur des Sciences*, that Mr. Landerer, the dispensing chemist attached to the house-

ulceration of the dura mater. The scalpel and microscope demonstrate that this fungoid mass consists of tubuli seminiferi, of plastic lymph, and at the same time of granulations arising from the most superficially situated ducts.

Professor Curling describes in the same chapter benignant fungus and chronic orchitis; indeed fungus of the testis is almost always observed at an advanced period of the latter disease. It may however happen that an originally acute inflammation of the testis, tending to suppuration, also occasions a fungoid hernia of the secreting structures of the gland; or, as in Mr. Pouy's case, the fungus may be consequent on acute orchitis supervening during the course of chronic inflammation, and inducing suppuration of the glandular substance; in both cases, before or simultaneously with the formation of the hernia, pus escapes through the aperture of the skin.

Mr. Pouy, in giving free egress to the pus by incision, merely anticipated the evacuation through an ulceration, of the morbid secretions and of the seminiferous substance. The early incision was perfectly rational, as the presence of pus is a serious aggravation of the disease and may endanger the safety of the testicle. When effused within the gland, purulent matter disorganizes its delicate structure, and when nature provides for its discharge by the ulcerative process, sinuses follow which have but little tendency to heal. As incision however facilitates the escape of the tubuli seminiferi, it would perhaps be preferable to follow Mr. Chassaignac's suggestion, and to ascertain with a trochar the presence of pus, and should this fluid be detected, to reinsert the blade of the instrument for the purpose of making another aperture from within, and place a draining tube in the tract. In his valuable *Traité de la suppuration*, the surgeon of Lariboisière states that he has often, under similar circumstances, obtained the most satisfactory results from the use of elastic and fenestrated tubes.

Supposing the fungus to have formed either spontaneously or after incision, what is the most appropriate line of treatment?

“Formerly,” says Professor Curling, “in the case of benignant fungus, castration was resorted to. But the natural evolution of the disease being now more accurately known, the surgeon should direct all his efforts towards reinstating the gland in its natural conditions and functions.” The success which attended Mr. Pouy's endeavours we have related, and Professor Curling attains the same object by analogous means. In recent cases, and only when tenderness and pain are present, this gentleman recommends repose in bed, and 2 grains of blue pill several times a day.

hold of King Otho, considers the iodide of arsenic and the double iodide of arsenic and mercury as decidedly the most efficient remedies amongst those recommended by the profession in Greece for the cure of elephantiasis. Mr. Landerer describes the preparation of these salts, but as he is silent with regard to their mode of exhibition, we shall postpone any remarks on the subject, until he has supplied us with the necessary details.

It is moreover not our intention to offer at present any observations on elephantiasis of the Greeks, but on elephantiasis of the Arabians, in our opinion, an entirely distinct disease, although Mr. Devergie professes the

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The tumour should be dressed with a lint plegget impregnated with a solution of eight grains of nitrate of silver in one ounce of water. A certain amount of firm pressure is exercised with strips of adhesive plaster and an appropriate bandage. These appliances are renewed every day. As the excrescence recedes, the scrotum advances, and the lips of the aperture are brought gradually in closer approximation to each other with narrow strips of diachylon plaster. Cicatrization is soon completed, and the testicle gradually resumes its natural situation.

Other escharotics may be used for the purpose of checking exuberant granulation and promoting cicatrization, for instance, the solution of sulphate of copper, the pernitrate of mercury, the red oxyde of mercury, etc. Also the preparations of iodine recommended by Mr. Pouy. Simultaneously, after the internal exhibition of mercury has ceased to be proper, Mr. Curling prescribes sulphate of quinine, iodine, or chalybeates.

Finally, when the fungus protrudes considerably through an aperture which presses tightly upon its pedicle, and also when the disease is of old standing, and the adjacent integument thickened and altered, Mr. Syme, of Edinburgh, applies pressure to the tumour by means of the skin of the scrotum itself. This gentleman surrounds the tumour by an elliptic incision, dissects the skin, draws it forward in front of the fungus and closes the wound by suture, after the previous excision of the indurated portion of integument through which the testicle has escaped. The granulating surface of the fungus thus unites with the inner aspect of the integument, as soon as plastic exsudation takes place, and the testicle is saved.

We need lay no further stress on the subject, and in conclusion will only repeat that uncomplicated chronic orchitis is of unusual occurrence and fungus a pathological exception. Further it cannot be argued with any show of reason that the testicular enlargement described by Mr. Pouy was of syphilitic nature. The patient was cured without any specific treatment, and the probability of syphilitic orchitis it further diminished by the occurrence of suppuration in a subject not labouring under any cachexy. For although Messrs. Gosselin and Chassaignac state that syphilitic orchitis may terminate in suppuration, they adduce no cases in support of their assertion, whereas Mr. Ricord denies that secondary or tertiary orchitis ever leads to suppuration, or at least that he ever has met with a single case in the entire course of his vast experience.

belief that they are both but varieties of hyperirophic lepra. Elephantiasis of the Greeks chiefly occupies the face, to which it imparts a lion-like appearance, whereas the Arabian form invades more especially the lower extremities, and would seem, at least in our climate, more distinctly to be a consequence of œdematous hypertrophy of the lamellar texture of the skin, and subjacent layer, than a cutaneous disease of a tubercular nature like the lepra of the Greeks (1).

Fifteen months ago, we noticed in Mr. Nélaton's wards, a handsome fair-haired young Frenchman, the son of healthy French parents, who presented a model case of the disease. Without any known cause, he experienced in 1857 general discomfort, feverishness and pain in the left groin and thigh. The parts became red and swollen, and the tumefaction gradually invaded the entire limb from the penis and scrotum to the foot. After a few days, the general symptoms subsided and the local phenomena became less intense; but similar attacks having recurred at intervals of three weeks, a month and two months, the swelling of the limb on each occasion increased, and at last rendered walking very difficult. When the patient was admitted into hospital, on the 13th of June 1859, his leg resembled, in point of size, that of an elephant. The skin was granular, more roseate than in health, and covered with minute dark scales. Although its density was considerable, pressure of the fingers induced pitting; serous infiltration of the cellular structures was present, with a more firm condition of the skin than in common œdema.

This sporadic variety of elephantiasis is susceptible of cure and even of spontaneous recovery, under the influence of appropriate position. We must acknowledge that these fortunate cases are far from common, and as the disease is a serious one, on account of its interference with locomotion, it is not surprising that the most hazardous measures for its removal, even amputation, should have found advocates. The latter operation,

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(1) Some clinical observers admit the existence of two varieties of elephantiasis of the Arabians, one simple, the other resulting from syphilis. A short time since, this opinion was defended before the Royal Society of London by Mr. Richardson, on the occasion of a communication made on the subject by Mr. Harley. The latter gentleman having removed the leg of a woman who, for six years, had been afflicted with elephantiasis of the Arabians, discovered that, although the morbid changes appeared very extensive, *the skin only* had suffered in reality. Mr. Thompson, who had also seen the case, agreed with Mr. Richardson, that it was probably of syphilitic origin, as the patient acknowledged having had venereal disease, and even now bore on the scalp characteristic appearances, which were however not noticed before amputation was performed.

however, is now utterly rejected on all hands, experience having shown that after the sacrifice of one limb, the disease may relapse in another.

A more rational method has been proposed and adopted in America, viz. the ligature of the femoral artery. Fifteen months after this operation, Mr. Carnochan ascertained that no relapse had occurred. Mr. Erichsen is said also to have resorted to arterial ligature, with success, in London, and more recently the *Charleston Medical Journal* related that Mr. Ogier had cured by this surgical procedure a negro affected with enormous hypertrophy of the foot and leg, who, on account of the inability to move induced by the malady, entreated that amputation might be performed. We should also say that, in this instance, a fortnight after ligature, a fearful secondary hemorrhage took place, which greatly endangered life. We are therefore of opinion that, taking into due consideration the results of ligature, it is proper to await the results of further experience, and prudent to be satisfied, for the present, with less perilous measures.

Why should not practitioners follow the example set by a modest country-surgeon, who four times out of five, has accomplished the desired object, by using pressure instead of ligature? The *Revue de Thérapeutique médico-chirurgicale* publishes on this subject an interesting article in which the author, Mr. Dufour, of Danville (Pas-de-Calais), establishes a parallel between the cures effected by ligature and those he has been so fortunate as to obtain by a procedure far more innocuous, and more easy of performance.

"In the course of forty-one years' practice," says the learned author, "two men and three women suffering from elephantiasis have applied to me for advice. In all, the feet and legs were more or less tumefied; in three instances ulcers and mortification were present. The patients were advanced in life, nearly sexagenarian, and in easy circumstances.

"I resorted, for the treatment of the disease, to pressure exercised over the femoral artery with an elastic steel bandage, somewhat resembling the truss used for rupture. In all the cases, except in that of an aged and Ven. dean, I succeeded in effecting a cure. Two of my patients are still alive and I might, if necessary, communicate their names and address.

"By the mode of pressure I have adopted, I reduce, almost at will, the hypertrophied extremity to its natural size: when ulcers are present, I exhibit tonics both externally and inwardly, and in all respects treat the patients as if they were affected with hospital grangrene. If no sores exist, I merely use stimulant frictions to the limb, and prescribe internal restoratives. In both cases, I have recourse to Seutin's bandage.

"I trust that our American fellow-practitioners will not be offended at a mere country-practitioner having forestalled them by twenty-five years in the use of a method, which renders unnecessary an always dangerous operation."

Mr. Nélaton, doubtless ignorant of these facts, resorted, in the case which we alluded to at the beginning of the present article, to a peculiar position of the limb, combined with peripheric pressure with the cotton-wadding bandage recommended by Mr. Burggraeve of Ghent. The foot having been raised with cushions, the entire limb was covered with a layer of carded cotton and a roller. The wadding equalizes the pressure, and by its elasticity makes it permanent : it yields if the limb swells, and swells when the tumefaction diminishes, so that no vacuum ever can exist between the cotton and the roller. This dressing, which was changed every three or four days, induced a remarkable decrease in the size of the leg, and had the patient consented to persevere a little longer in the treatment, he would probably have derived from it permanent benefit. We lay some stress on the advantages derivable from this method, because the tumefaction of the leg is sometimes so enormous, and increases so vastly the difficulty of exposing the artery to be tied, that a procedure so simple as that here recommended must, even as a preparatory treatment, be looked upon as likely to be of the most eminent service.

ART. 6017. PARALYSIS OF INFANTS ATTENDED WITH PAIN.— Kennedy describes, in a very incomplete manner, a variety of paralysis to be met with in children aged from two to four years, and he may even be suspected of having confounded it with others of an entirely different nature.

In the *Médecine Contemporaine*, Mr. Chassaignac calls attention to this morbid condition, the gravity of which is never considerable.

The arm, says Mr. Chassaignac, is almost invariably the seat of the painful torpor in question. It is most usually induced by dragging of the limb, or by a fall, but in all cases it is the result of some external injury.

The principal characters of the disease consist in the suddenness of its invasion, the incompleteness of paralysis, the pain, the peculiar aspect of the limb, the absence of any deformity or anatomical change, the gradual decrease and rapid cure of the paralysis.

In most instances (9 times out of 14), the symptoms set in directly after the external injury. Complete and sudden loss of muscular power is immediately observed, but within twenty-four or forty-eight hours, obscure movements return, appreciable only on pinching the skin or moving the limb for the purpose of inspection. Common sensation is preserved, but in some degree altered, and in most instances hyperæsthesia of the integument is observable.

One of the first peculiarities of the pain consists in its sudden manifestation after the accident which occasions the disease ; it is at first acute, excruciating, and causes the children to scream violently ; it soon acquires a milder character and merely elicits groans. At the beginning the pain is

spontaneous, at a later period it recurs but when excited by pressure or contact. In the arm, the chief seat of suffering is the internal edge of the deltoid muscle; in the leg, it is the spot corresponding to the sciatic nerve.

The arm is immovable, hangs along the side, and the hand in a prone attitude lies upon the hip. The fore-arm is slightly bent, and if the elbow is supported, the hand drops as in the case of paralysis of the extensor muscles.

The duration of the paralysis is short, and has never exceeded one week. It sometimes has lasted but two days, and seldom persists beyond four or five. The disease is therefore one of very slight importance and would seem to result from the concussion of the nervous plexus situate in the upper part of the limb. It yields to frictions with camphorated spirit, or almost any other aromatic fluid. Mr. Chassaignac further recommends, as a useful precaution, to support the limb in a sling.

ART. 6018. LATERAL DEVIATION OF THE SPINE; MECHANICAL TREATMENT SUPERSEDED. — The treatment most generally adopted in France and indeed in all Europe consists in the use of compressive appliances of extension, usually in combination with gymnastic exercises.

The very great objections to orthopedic mechanics, the slowness of their action and the uncertainty of their results are however but too well known.

Any method which would replace these instruments of torture, from which often no advantage is derived, by a system of simple muscular contraction calculated to cure deformity, without pain or exertion, would therefore confer inestimable benefit upon a numerous and interesting class of patients.

This is the object which Dr. Dubreuil, an eminent orthopedic surgeon of Marseilles, has endeavoured to attain, and if we may judge from a valuable memoir he has recently published on the subject, practical results would already have recompensed his persevering efforts in this direction.

As a fundamental fact on which the entire method is based, Mr. Dubreuil demonstrates that all lateral deviations of the spine are attended with torsion of the vertebral column on its axis. This deflexion is produced in a manner precisely similar to that which may be artificially caused in a thin piece of whalebone, or a flexible green twig, bent into the shape of an S.

If one of the extremities be forcibly twisted in one direction, the other will immediately become distorted in a contrary manner. This invariably happens for the vertebral column, the inferior torsion always being the converse of the superior deflexure, and if it were possible to untwist one end, the other would spontaneously return in the same proportion to its proper shape, exactly as in the case of the twig or whalebone. The spine

presents more than two curvatures, the rotations in an opposite sense are always in equal number. That the intensity of the torsions is in exact proportion to that of curvatures is also a proposition capable of demonstration.

To destroy these torsions it is necessary to act in a direction contrary to that of the cause by which they have been induced. "Let us suppose," says Mr. Dubreuil, "a common spinal deformity in which the curvatures exist above on the right and below on the left side; the following are the movements I should recommend: I sit down and place the child standing with his back to me; I then cause him to stiffen his neck and left shoulder; while affording support with one hand to the child's right arm, and applying the other on his left hip, I prescribe a movement of the upper part of the body, tending to carry it to the left side and slightly backward, preventing at the same time all attempt to lower the shoulder or bend the trunk on the right hip. This movement, when properly performed, must cause rotation of the dorsal vertebræ to the left, and consequently a corresponding motion of equal extent of the lumbar vertebræ. During the movement, the thumb of my left hand lying over the first lumbar vertebra informs me of the degree of torsion of the spine, and whether the muscular action has been properly accomplished."

These exercices are continued for twenty or five and twenty minutes, with an interval of five or six minutes rest, and need in general not be repeated oftener than five times a week. One *séance* a day is sufficient; indeed a greater number might be injurious, as improvement is less rapid when fatigue has been induced, and the various parts of the body then suffer a sort of collapse which retards the cure. When the movements are performed in moderation, they induce neither pain nor fatigue, and contribute powerfully to the maintenance and amelioration of health. The children, in the day-time, are under no restraint whatever, and sleep at night in bed perfectly free from bandages or any other mechanical appliances.

Mr. Dubreuil, in support of his method, adduces thirty-three cases the results of which may be summarized as follows:

Curvature (*Scoliosis*) in the first degree, as defined by Mr. Bouvier, is always curable in a space of time varying from two to six months, without any fear of relapse.

The second degree of the disease can always be perfectly cured in six or twelve months, provided the vertebræ are not altered in shape, and if such deformation has occurred, very slight curvatures will remain, which will not injure the child.

As to the third degree, an amelioration, almost equivalent to a complete cure, may result from a treatment of twelve or eighteen months, in mild

cases, and in very severe cases, considerable improvement may be expected, which will much contribute to the restoration of health, and at least check the further progress of the disease.

## PRESCRIPTIONS AND FORMULAS.

### ART. 6019. MR. TRIQUET'S DISPENSARY; CATARRHAL INFLAMMATION OF THE EAR.

#### *A. Local Treatment.*

##### *(Acute Catarrh.)*

1. When the pain is violent in the vicinity of the tragus, apply 5 or 6 leeches to this region in adults, and a lesser number in children.
2. Starch poultices over the leech-bites.
3. To cleanse the ear, three or four times a day, with a weak infusion of black tea.
4. When the pain has subsided, and the discharge alone remains, inject :

R. Aq. rosæ. . . . . 3 oz.  
Mell. rosæ. . . . . 1 oz.  
Cupri sulphatis. . . . . 15 grains.

*M.*

5. Should this injection cause pain, replace it for some days by infusion of melilot or elder flowers, or tepid tar-water, and subsequently return to the use of astringent fluids, such as :

R. Aq. rosæ. . . . . 3 oz.  
Mell. rosæ. . . . . 1 oz.  
Plumbi superacetat. . . . . 5 gr.

*M.*

##### *(Chronic Catarrh.)*

6. When the discharge has lost its greenish colour, its fetid odour, and assumed a yellowish tint, prescribe in succession, with the interval of a few days, the following injections :

N° 1.

R. Acid. tannici. . . . . 20 grains.  
Aq. rosæ. . . . . 8 oz.

*M.* Heat in a water bath; inject three times a day.

## N° 2.

R. Aluminis . . . . .	4 dr.
Aquæ . . . . .	3 oz.

M. Heat in a water bath; inject twice a day.

## B. General Treatment.

1. In the incipient stage, when pain is present, exhibit calomel as follows :

## N° 1 (for adults).

R. Calomelanos. . . . .	6 grains.
Sacchari. . . . .	1 $\frac{1}{2}$ dr.

M. and divide into twelve powders, one of which should be taken every hour.

## N° 2 (for children).

R. Calomelanos. . . . .	2 grains.
Antimon. oxysulphuret.	4 gr.
Sacchari . . . . .	1 $\frac{1}{2}$ dr.

M. Divide into ten powders; one to be taken every hour.

2. Should the pain and swelling persist, persevere in the use of calomel until the gums are slightly touched, and the breath begins to betray mercurial action. To hasten the advent of stomatitis, exhibit every hour one of the powders here prescribed :

R. Calomelanos . . . . .	2 grains.
Extr. opii . . . . .	2 gr.
Sacchari . . . . .	2 dr.

M. Divide into twenty powders.

3. If the constitution of the patient is scrofulous, as soon as the pain has been allayed, and the mercury discontinued, it is proper to prescribe night and morning, in a cup of infusion of gentian, a table-spoonful of :

R. Aq. destill. . . . .	6 $\frac{1}{2}$ oz.
Potass iodid. . . . .	1 dr.

M.

The doses should be decreased or less frequently exhibited, if they in-

duce vomiting or epigastric pain; the medicine may, in children, also be replaced by :

R. Ol. Morrhuae . . . . .	3 oz.
Syr. Rosæ alb. . . . .	1 $\frac{1}{2}$ oz.
— flor. persicæ. . . . .	

M. Three table-spoonfuls daily.

5. We also recommend :

R. Butyri recentis. . . . .	4 oz.
Potassii iodid. . . . .	1 gr.
Potassii bromid. . . . .	3 gr.
Sodii chloridi. . . . .	$\frac{1}{2}$ dr.

M.

This butter can be taken in the course of the day with bread, either as an adjuvant, or as a substitute for cod-liver oil.

6. If a syphilitic diathesis be suspected, it will be proper to resort to :

Liq. hydrarg. bichloridi. . . . . 4 oz.

One table-spoonful, in the morning, fasting, in a cup of milk.

7. To contend with the catarrhal discharge which persists during the convalescence from fevers of a putrid character, generous diet, and exposure to the sun will be requisite; also sulphurous mineral waters in the following order : Saint-Sauveur, Bagnères, Aix in Savoy, etc.

8. In addition, the surgeon must not omit to examine carefully the condition of the membrana tympani, of the Eustachian tube and drum, in order to remove with all desirable speed any mucous or other obstructions which might delay, or even altogether prevent recovery.

TRIQUET, M. D.,  
Surgeon-Aurist, Paris.

## ART. 6020.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — At its annual public meeting, the Academy of Sciences awarded the prizes for the year 1860 and likewise published its programme for the prizes it proposes for 1861 and the following years.

#### PRIZES AWARDED.

*Prize for experimental physiology.*

This prize was adjudicated to Mr. B. Stilling for his great work on the *Structure of the spinal cord*;

The Academy also granted a first honourable mention to Messrs. Philippeaux and Vulpian for their *Experimental researches on the regeneration of nerves separated from the nervous centres.*

A second mention was given to Mr. E. Faivre for his paper on *the modification after death of the properties of nerves and muscles in frogs.*

*Prizes for Medicine and Surgery.*

The Academy awarded three prizes :

1. To Mr. Davaine, a prize of 100 *l.* for his *Treatise on entozoa and verminous affections in man and domestic animals* ;
2. To Mr. Bergeron a prize of 80 *l.* for his work entitled : *Ulcerous stomatitis in soldiers, and its identity with the stomatitis of children, called pseudo-membranous, diphtheritic, ulcero-membranous* ;
3. To Mr. Maingault a prize of 80 *l.* for his work entitled : *Diphtheritic paralysis.*

And likewise two honourable mentions :

1. To Messrs. Turck and Czermack for their investigations on *laryngoscopy* ;
2. To Mr. Marey for his memoir entitled : *A Study of the circulation of the blood, from the different characters of the pulse detected by means of sphygmography.*

A sum of 48 *l.* is awarded to each.

The Academy further deemed worthy of special notice a paper by Mr. Demarquay on *glycerine*; a monograph by Mr. Rimbert on *carbuncular œdema*; a memoir by Mr. Vella, of Turin, intended to demonstrate experimentally *the antagonistic effects of strychnia and of ourari.*

None of the papers for the Bréant prize appeared to the Commission deserving of the attention of the Academy.

ACADEMY OF MEDICINE. — The order of the day called for the discussion of Mr. Devergie's reports relative to the *post-mortem* Cæsarian section. Mr. Depaul recalled the terms in which the question of the Cæsarian operation was propounded by Mr. Hatin and Mr. de Kergaradec.

Has the medical practitioner a right, inquired Mr. Hatin, to perform the *post-mortem* Cæsarian section ? Is he not justified in resorting to it ? The regulations of the Prefect of the Seine appearing to Mr. Hatin insufficient, he required that the law should impose on the medical practitioner the obligation of performing the Cæsarian operation in certain predetermined conditions.

Mr. de Kergaradec did not object to the Cæsarian section ; but he wished at the same time to advance the period of the viability of the foetus and further enlarge the circle of the operation, by rendering the latter compulsory, even several days after the death of the mother.

Mr. Depaul successively discussed these various points, and thus summed up his argument :

“ The medical practitioner is the sole competent judge of the determination he deems it his duty to take relatively to the *post-mortem* Cæsarian section. The law leaves him all the liberty of action he needs, and it would be, not only useless, but dangerous to enter on this subject any new law in the statute-book.

“ In fixing 180 days or six calendar months as the earliest period of viability, the extreme limit has been taken.

“ When a woman dies in the course of gestation, in admitting that her child has not ceased to live before her or at the same time as herself, it may be regarded as certain that the child will not survive more than a few minutes.

“ In fixing at one hour, after the death of the mother, the time which the child can continue to live within the womb, I make a very large concession, which is borne out neither by facts nor by reasoning.

The physician should not confine himself to mere conjecture; he has at his disposal a method which is almost infallible, when he knows how to use it. I refer to auscultation. In pregnancies, which have exceeded the period of viability, the throbbing of the heart of the foetus is audible, especially in the particular conditions in which the mother is placed. The absence of this sign may be considered as sufficient proof of the child's death, especially if it has been of several minutes' duration.

“ When the operation appears expedient, it must not be performed until the mother's death has been, as far as possible, duly ascertained.

“ The nature of the disease which occasioned the mother's death exercises great influence on the life of the child.

“ Before having recourse to the Cæsarian section, it should be ascertained whether it be possible to extract the child by the natural passages. It is preferable to resort to turning, to the application of the forceps, and even incision of the cervix, whenever the state of the foetus will admit of such operations, which can be performed by medical practitioners only, and ought ever to be conducted with the same precautions as in the case of a man manifestly alive.

“ When women die before the expiration of the first six months of pregnancy, the period at which the viability of the foetus is generally admitted, the Cæsarian operation loses all scientific interest; it merely raises a religious question, that of the administration of baptism.

“ I deem it therefore inexpedient and irrational to operate before the end of the fourth month.

“ From four to six months, the section may be resorted to exceptionally, and on condition of the persistence of the child's life being ascertained.

“ It would be desirable that intra-uterine baptism, by means of injec-

tion, should be admitted as valid by the religious authorities. This practice would be accepted by all and would put an end to all hesitation and uneasiness."

Mr. Tardieu thought it advisable under present circumstances, that the Academy should declare itself incompetent. The discussion originated, in his estimation, in Mr. Hatin's unfounded scruples. But it is obvious to all that the regulations relative to *post-mortem* examinations are not applicable to an operation performed, it is true, on a dead body, but for the purpose of extricating a living child. The authorities, however, far from placing obstacles in the way of the operation, have in many circumstances, encouraged it. The question is so much a case of conscience, that the law, contrarily to Mr. Depaul's opinion, has not fixed the term of viability, and is completely silent in reference to the precise time of *animation*. Article 314 of the Civil Code, which might be invoked, relates merely to denial of paternity, and by no means fixes the legal term of viability.

Mr. Tardieu expressed a fear that by too generally engaging medical practitioners to perform the Cæsarian section, they might be exposed to legal actions on questions of medical responsibility, in which the Courts would always be but too much inclined to convict them. The learned medical jurist was of opinion that the Academy should studiously avoid imposing new duties on medical men, and that the most absolute liberty should be left them in the question under discussion.

Mr. Devergie maintained, in opposition to Mr. Tardieu's opinion, that the question of the *post-mortem* Cæsarian section was perfectly within the competence of the Academy. He continued in these terms :

" The decree which seems to prohibit the performance of this operation before a delay of full twenty-four hours from the time of death was issued by Mr. de Rambuteau and bears date 25th July 1844. One passage especially has been misinterpreted. It runs thus :

" Article 77 of the Civil Code, which positively forbids proceeding to inhumation before the expiration of twenty-four hours, implicitly contains a prohibition to shroud, to lay in the coffin, take casts open the body or perform any other operation whatever."

" The inference drawn has been that hysterotomy being distinctly an operation, the medical practitioner cannot perform it before the expiration of twenty-four hours from death; at that period, the section being illusory as the child must have ceased to live, the *post-mortem* Cæsarian section must be considered as being thereby prohibited.

" But the paragraph of the decree above quoted forms part of a chapter entitled *taking casts after death*, and applies to no operations other than those relative to the moulding of bodies. This therefore is an utter misinterpretation. Never did the legislator think of throwing obstacles in the

way of operations performed for the purpose of saving life and does not even forbid abortion, as a surgical procedure, although abortion is an indictable offense.

“ The Prefect’s decree is conceived in a spirit so remote from such an idea that in the edict, constituting a committee of inspection for the verification of deaths, of 15 April 1839, Art. 11 runs thus : “ They (the medical Inspectors) shall advise, according to circumstances, the autopsy of women who have died during gestation ; and in the absence of the medical attendant of the deceased, they shall request him, in a sealed communication left at his residence, to unite with them to demand this operation for the purpose of endeavouring to save the child, in whom life may not be extinct. ”

“ Nothing can be clearer than the letter and spirit of these articles. The text of the law never referred to operations of this description. If then the law is silent on the operation, it does not prohibit it and whatever the law does not forbid must be assumed to be permitted.

“ The Academy has therefore naught to require.

“ Thus is justified the first paragraph of the resolution of the committee.

“ Let us now inquire how the practitioner can protect his professional character from the application of Art. 1382 and 1383 of the Civil Code and Art. 319 of the Penal Code ?

“ With regard to *post-mortem* hysterotomy, he should not act before he has acquired the certainty of the death of the gravid woman. This is, it must be acknowledged, one of the greatest dangers.

“ If the woman is alive, if death has been erroneously supposed to have taken place, and the Cæsarian section subsequently causes her decease, some families will doubtless sue the medical practitioner for damages ; and a magistrate would unquestionably have a right to prosecute the physician for involuntary manslaughter ; now it is not always easy to ascertain in due time the reality of the death of a pregnant woman.

“ This is but a first danger. The medical practitioner finds himself surrounded by a family, the members of which may have conflicting interests. The husband’s opinion is favourable ; that of the mother, the sisters and the heirs of the deceased is contrary to the performance of the operation. What is the physician to do ? Not only has he to avoid all error as to the cessation of life, but also a civil action, which may entail damages.

“ A third order of difficulties further arises. It is not always so easy as it has been asserted to ascertain whether the child is dead or living. If the practitioner extracts a dead child and has committed an error in supposing the mother to have ceased to live, judge of the painful moral and legal position in which he is placed !

" Medical responsibility, in cases of post-mortem hysterotomy, is obviously very great; and if, at first sight, anything surprises us, it is that it should be resorted to at all.

" But when the physician thinks he may possibly be instrumental in preserving the life of a fellow-creature, he always takes counsel of that noble devotion which obliterates all thought of personal risk, and induces him honourably and worthily to perform his mission.

" Such are the considerations which directed the committee in the wording of the second paragraph of their resolutions, viz : " The medical practitioner, who entertains the hope of extracting, from the body of a deceased gravid woman, a child in conditions of aptitude for extra-uterine life, may and even ought, medically speaking, to perform the Cæsarian section, observing the precepts of science and the rules of surgery.

" He cannot however perform this operation until he has positively ascertained the death of the mother, and been confirmed in his opinion by the assent of one or several fellow-practitioners, unless it be absolutely impossible to comply with this condition."

" Your attention should be called to three principal points of this wording : 1. The committee have said *a child in conditions of aptitude for life*; they have not said *a viable child*. Viability is not ascertainable before the birth of the child, and then by three orders of considerations : the development of the organs, their proper conformation and their sound state.

" The term of 180 days is one of the data of viability which the legislator has borrowed from medical science for Art. 312 and 314 of the Civil Code.

" The committee could not say : *In the case of a pregnancy of six complete months*, etc., because they would not assign an absolute period of gestation, for it is always very difficult to discover the precise date of the gravidity; and finally because they wished to leave all latitude in this respect to the practitioner. They therefore confined themselves to stating in general terms : the medical practitioner, *who hopes to extract*, etc. They reject every positive date, such as four, five or six months, and merely require *conditions of aptitude* for extra-uterine life.

" 2. Not only the medical practitioner *may*, but even he *ought, medically speaking*, etc." By this expression *may*, the committee do not trammel the practitioner. By the words *ought, medically speaking*, they state a medical precept and nothing more; they do not, like Mr. de Kergaradec, lay down an injunction.

" They add : ' By observing the precepts of science and the rules of surgery,' which excludes all dissection for the purposes of morbid anatomy, and all other operations by persons foreign to medical science.

" They recommend the physician previously to ascertain the death of

the mother and to secure the assistance of one or several fellow-practitioners. This is the only measure that can effectually protect the physician's professional responsibility. The Commission have not disregarded the inconvenience which may arise from this advice. The greatest is the delay in the performance of the Cæsarian section and a possibility of compromising the child's life. But in doubtful or difficult cases, do we not usually, in the first place, seek to enlighten ourselves by the cooperation of our fellow-practitioners? Why should it be otherwise in perhaps the most difficult situation in which the physician can be placed? He should exert every effort to obtain such advice. When his endeavours are unavailing, the practitioner can no longer hesitate, he must act. If he commits an error, he is no longer responsible for it, because, compulsorily left to his own conscience and knowledge, he has acted conformably to the dictates of the one and the precepts of the other.

" A further question here arises. Can the *officier de santé*, to whom the law refuses the right of performing important operations, undertake *post-mortem* Cæsarian sections? The law is silent on this point. Its silence must not however be interpreted too absolutely, nor must the law, such as it is, be supposed inhuman. It is impossible to admit that, when death is impending, it has been the legislator's intention to compel the *officier de santé* to remain a passive spectator, when he is enabled to afford relief.

" Such is the justification of the second paragraph of the committee's resolutions.

" Before entering on the third, permit me to examine a question, relative rather to obstetrics than to medical responsibility. I allude to the most distant period at which the operation can be performed. Mr. Depaul appears to us to have restricted the opportuneness of *post-mortem* hysterotomy, when, after having declared that ten or fifteen minutes after the mother has expired, her child ceases to live; one hour he concedes as the extreme limit. I am ready to admit the truth of the proposition in the generality of cases; but if we consult the records of science, we are led to extend this limit, and not inconsiderably.

" This period should be extended, were there but a single well-attested instance; now a case in point occurred in 1816, and is quoted by Capuron in his medical jurisprudence: the child was extricated twenty-four hours after the death of its mother, and lived.

" The Commission rightly abstained from any determination of time, after the death of the mother, for the performance of the operation in question.

" I now arrive at the most delicate and difficult part of the subject, the propositions laid down by our honourable colleague, Mr. de Kergaradec; they are as follows:

" The clergyman, who, with a view to baptism, requires the operation to be performed on the body of a woman who has died in a state of pregnancy, does not accomplish a civil function, but fulfils a duty of his spiritual ministry. For this reason, he shall not be called on to solicit from the civil authorities a permission which might be withheld.

" The minister of religion, who, in the absence or on the formal refusal of the surgeon, causes the operation to be instituted by *an unskilled person*, or who, in cases of absolute necessity, *performs it himself*, shall be open to no legal action for his conduct."

" These propositions as a whole are totally opposed to the demands made by Messrs. Lafargue and Devilliers, who call for the interference of the Academy in order to obtain a *formal prohibition* for unprofessional persons to perform the Cæsarian section after death.

" I shall reduce these propositions to two questions.

" Has a minister of religion a right to require *post-mortem hysterotomy* ?

" May a person, who does not belong to the medical profession, be he an ecclesiastic or a layman, perform the operation ?

" If the clergyman has a right to require the performance of the operation, the medical practitioner must *obey the injunction*.

" Now the following would be the consequence of Mr. de Kergaradec's doctrines :

" The medical practitioner, who, with the assent of the family and without summoning the attendance of a fellow-practitioner, should perform *post-mortem hysterotomy*, and commit an error as to the presence of death, might be liable to the penalties of manslaughter by misadventure and to damages.

" The priest, on the contrary, who, by the Concordat, cannot tread the ground in the street for the public exercise of worship without being amenable to the police regulations, could, by virtue of religious dogmas, which we all respect and are desirous of subscribing to in the exercise of our profession, the priest might, I repeat, summon the medical practitioner to perform hysterotomy; and in case of the refusal of the latter, cause it to be performed by a third party, unskilled in surgery, or in case of need, perform it himself.

" Thus, without inquiry into the certainty of the death of the mother, without the knowledge necessary to ascertain it, the clergyman would have a right to impose on a medical practitioner the obligation of performing hysterotomy and, in default of the latter, to cause a third party, ignorant of medicine, to perform not a Cæsarian section, but an autopsical operation, and if, in thought, we suppose error to have been committed as to the death of the mother, to enforce the commission of homicide !

" How widely different are these doctrines from the judicious prescrip-

tions of the ordinances of Martine and Durande, in the reign of Louis the Pious, from those of the Board of Health of Venice, from that of Pope Benedict XIV, which order that the operation shall be performed by skilled persons only, duly appointed by the authorities !

It is sufficient to glance at the consequences of such doctrines to expose their inanity and the errors into which our learned colleague has fallen, by taking, as the basis of his propositions a jurisdiction which the Concordat itself has abrogated.

“ We are compelled to declare that at present no religious laws exist apart from the civil laws. All citizens are subjected to the same legislation in the acts of public life.

“ If we now apply this doctrine to the Parish Priest of Britany, whose conduct Mr. de Kergaradec alludes to in his learned memoir, we contend that if the woman, on whom this clergyman caused hysterotomy to be performed by a veterinary surgeon, had been living, had there been any error as to her death and had she died from the section, both the ecclesiastic and the veterinary surgeon would have been prosecuted on the charge of involuntary homicide. And if the events had occurred in the Department of the Seine, they would have been liable to the penalties enacted by Mr. de Rambuteau’s decree on *post-mortem* examinations.

“ We have now exhibited to medical practitioners all the consequences of their conduct in such matters ; but we may add, to respond to the request of interference on the part of the Academy, and for the purpose of preventing any other than a medical man from acting in cases of this description, that the law has foreseen the case, and no addition is therefore required to its provisions.

“ The committee have drawn up the third paragraph of their resolutions, with a view to solving the difficulties the medical practitioner may encounter in his relations with the clergy.

“ The medical practitioner, in the exercise of his liberal profession, is amenable but to the law and his conscience, enlightened by the precepts of science. ”

“ The question of baptism is assuredly a very serious one ; it received a favourable solution by the Doctors of the Sorbonne, when they were consulted on the possibility of conferring baptism with the instrument invented by Dr. Bruhier d’Ablaincourt, and their decision, containing the motives on which it is based, is recorded *in extenso* in Deventer’s work, translation of 1739 : “ The council is of opinion that the means proposed might be employed, in the confidence that God has not left this class of children without any succour, and supposes, as it is stated, that the method in question is suitable for procuring baptism in such cases.

“ Let us entertain the hope that theologians will accept these new doctrines, which would prevent both the medical practitioner and the cler-

gyman, placed between the laws of the Realm and religious dogmas, from jeopardizing the life of a woman in order to save the soul of a child, whose very existence is doubtful."

Mr. de Kergaradec, in reply to the arguments adduced by Mr. Depaul, maintained that, scientifically, the limit at which viability commences, may be carried further back than the 180th day, and he quoted in corroboration this phrase from Capuron : " If the child is born before the 180th day after the marriage, viability is, if not a proof, at least a very strong presumption against its legitimacy, for it is not likely it will develop itself and acquire sufficient strength to be viable, before the completion of the sixth month."

Mr. de Kergaradec considers these words as expressing a doubt rather than a formal denial. Now, adds he, "*in doubt the practitioner must act.*" This is the essential basis and the summary of his whole doctrine.

Respecting the interval of time which may elapse between the death of the mother and that of the *fœtus*, Mr. de Kergaradec cannot accept the too narrow limits laid down by Mr. Depaul.

" In 1807, " said he, " when I was a house-surgeon at the Hospital Saint-Antoine, and attached to Dr. Prat's wards, a gravid woman, who had died the day before, was carried down one morning between nine and ten o'clock to the dead-house for the purpose of *post-mortem* examination. The child, when taken from the womb, was of a livid red colour; its body, well developed, was of average size, and might correspond to the term of about eight months. It did not cry, nor did it appear to breathe; but feeble motions of the limbs and more decided contractions of the muscles of the face, convinced us all that it still preserved a remnant of life. Not one of the persons present entertained the slightest doubt in this respect. Under these circumstances, I hastened to pour water on its head, and pronounced the words essential to baptism. It soon died."

Mr. Trébuchet read a paper on the same subject, and concluded by the following motion :

" No adequate motives exist for any change in the clauses of Art. 77 of the Civil Code and of the police regulations concerning the interment of the dead and the operations that may be assimilated to it.

" It is desirable that regulations, analogous to those existing in the Department of the Seine, be published in the country; that especially the duty of verifying the reality of death, be intrusted to a medical inspector.

" In default of a medical inspector, it would be expedient that the mayor should be the verifier."

Mr. Huzard, alluding to the religious question, related a fact which had come under his personal knowledge.

A woman, of a little village near Saint-Germain, was killed at a period

very near the term of her pregnancy. The child was living; he was seen to move through the abdominal walls.

The medical man and the priest were summoned: the latter, who arrived first, deeming the ceremonies prescribed for baptism were mere forms only, and that God would not attach extreme importance to their strict performance, baptised the child, by pouring holy water on the mother's abdomen, and this act subsequently received the assent of the Bishop of Versailles.

## ART. 6021.

## BIBLIOGRAPHY.

ART. 6021. *Du chancre produit par la contagion des accidents secondaires de la syphilis, suivi d'une nouvelle étude sur les moyens préservatifs des maladies vénériennes* (chancre produced by the contagion of the secondary symptoms of syphilis, followed by a new study of the means of preservation from venereal disease), by *Edmond Langlebert, M. D.*

The contagious power of secondary syphilitic symptoms is now acknowledged by all practitioners. We are all likewise aware that these symptoms are not transmitted *in their original form*, i. e. as secondary symptoms. Thus, for instance, the mucous papula or tubercle, a preeminently constitutional manifestation, does not directly transmit the same description of symptom; it secretes a matter, the inoculation of which produces a chancre, having all the characteristics of primary chancre, indurated and infecting, and which, in the person contaminated, becomes the starting point of syphilis thus transmitted by secondary symptoms.

The principal object of the pamphlet before us is to establish that the author of this discovery, the Christopher Columbus of the law of transmission of secondary symptoms of syphilis, is Dr. Langlebert. It was in 1856 that this physician propounded the general fact in question; from 1856 to 1858 he publicly taught it, and in this latter year he clinically demonstrated its truth. The memoir of Mr. Rollet, of Lyons, on the same subject was not published in the *Archives de Médecine* before February 1859.

If equity requires us to state these dates, our habit dispenses us with the necessity of dwelling longer on the question of priority they are intended to enlighten. Mr. Langlebert's pamphlet contains other matter deserving of our particular attention. Thus we perceive by the author's own observations and those of other physicians, whose names are an authority in the matter, that of the total number of ordinary infectious chancres, *more than one half are derived from constitutional syphilis*. Hygiene has not therefore solely to deal with the primary accident. It must further avail

itself of the notion of the contagious character of secondaries ; this can be realized but by the aid of serious reforms in the present system of medical police relative to the social evil or by additional precautions taken by individuals who venture beyond the circle in which public supervision is exercised.

The protective system, which, in Paris, consists in the examination once a week of women residing in licensed houses, and once a fortnight of those provided with *tickets*, and living in their own homes, is severely criticized by Mr. Langlebert, who is of Mr. Diday's opinion as to the utter inadequacy of visits at such protracted intervals. " Too much time," says Mr. Diday, " is, in general, left between two visits. Between two examinations contagion may have taken place, and have already given rise to transmissible lesions ; or indeed, which most usually occurs, contamination inflicted a day or two before the visit, may, a day or two after, break out into a communicable symptom. In either case, the disease has five or six days (supposing one visit a week) during which it remains undetected, and is so much the more dangerous that, being then in its incipient state, it is sometimes disregarded by the patient herself. Thus five or six days are left open to the propagation of the infection ; and what may not be the extent of the mischief, if, instead of being weekly, the visits take place every ten days, as at Lyons and Strasburg, or every fortnight as at Bordeaux, Nantes or Algiers ? "

As a demonstrative proof of the insufficiency of the measures in vigour, Mr. Langlebert quotes statistics drawn up by Mr. Puche and by a house-surgeon of the Hôpital du Midi, which show that out of 836 cases of acquired syphilis, 600, i. e. near three fourths, were communicated by disorderly women. These tables might also be adduced in refutation of the general error that the females subjected to regular inspection, which is supposed efficient, are less dangerous than kept women, workwomen, servants, etc. In the above-mentioned statistics, the number of women belonging to these three categories does not amount to more than 48, 93 and 64. The only syphilitic disease more frequently contracted with loose women than with prostitutes is gonorrhœa, which is easily explained, if we consider that in the greater number of cases this affection is less the consequence of genuine contagion than of the abuse of sexual indulgence, exercised in certain conditions of special excitement, which are generally absent in connection with public women. But chancre, and syphilis, its consequence, have their principal focus in licensed houses.

To remedy a state of things, which cannot be too much deplored, it has been proposed to visit prostitutes twice a week as in Brussels, Hamburgh, and Berlin. It is obvious that this improvement in the regulations in vigour would afford satisfactory results applied to women *exempt from sy-*

*philitic affections.* But would it be equally beneficial in the case of women affected with *syphilitic diathesis*? Mr. Langlebert does not think so. These, says he, should be subjected to a *special supervision*; they should not be lost sight of, when discharged from hospital; but should be examined every day or every alternate day for eighteen months or two years, i. e. during the usual time in which secondaries appear or recur in consequence of chancre.

But if this reform presents real advantages, even in an economical point of view, its application presents difficulties which will long preclude its introduction into our sanitary police. In the mean time, individuals **must** protect themselves, and with this object in view, Mr. Langlebert concludes his work by an inquiry into the individual precautions to be taken against syphilis and other venereal diseases.

The hygiene of sexual intercourse, considered from our author's point of view, presents three chronological divisions, which he entitles *before, during and after.*

*Before connection*, the surfaces about to be exposed, should be minutely inspected to ascertain that they are not the seat of any excoriation; the woman should be required to use lotions and vaginal injections with slightly astringent or aromatized water; the penis should be greased with a fatty substance such as cold cream or axunge; all intercourse should be avoided in a state of intoxication, and during the entire catamenial period.

*During the act*, all voluntary delay is to be avoided; *non morari in coitu*, according to Nicholas Massa's just expression.

Prudent limits should be imposed on repetition of the act, especially if fluor albus is suspected. "Allow the altar to cool," says Mr. Langlebert, "before you recommence the sacrifice. *Non ter in idem.*

*After the act*, the following preservative might with propriety be employed :

Rectified spirit. . . . .	1 oz.
Soft soap with an excess of	
potash. . . . .	5 dr.
Ess. of lemon. . . . .	4 dr.

A few drops of this liquid should be poured over the parts which have undergone suspicious contact, and be spread with the fingers. Afterwards minute and protracted lotions should be resorted to. The other prescriptions recommended by Mr. Langlebert are the following :

Expel the urine as quickly as possible, alternately closing and loosening the meatus, so that the liquid, detained an instant, may escape with more force and efficiently cleanse the duct; direct into the urethra, vertically raised, a small stream of pure or slightly acidulated water, allowing it to fall from a certain height to enable the liquid to penetrate; pay great attention, on the following days, to cauterize without delay any sore, excoriation or erosion, in a word, any suspicious solution of continuity.

These precepts are doubtless useful, but will rarely be attended to; Mr.

Langlebert admits it and not without reason. For such is the power of sexual instinct, that it too often prevails over every other consideration. From afar the danger is seen and dreaded, but this salutary terror is dispelled by the force of desire, and then adieu to prudence and to the judicious precautions of hygiene.

## ART. 6022.

## MISCELLANEA.

The Academy of Medicine proceeded to the election of a titular member in the section of natural philosophy and medical chemistry. M. Regnault was elected by a majority of 58 votes; 11 were given to Messrs. Langlois, Figuier and Leconte.

At a former meeting, the learned society had chosen as corresponding member, Mr. Leudet, of Rouen. His competitors were Mr. Fonssagrives, of Brest, Mr. Cazenave, of Lille, and Mr. Lecadre, of Havre.

— Strangulation of the penis by foreign bodies is not of rare occurrence, but few cases of this description can compare with that communicated by Mr. Chassaignac, to the Society of Surgery.

At the meeting of 3rd April, this eminent surgeon presented a brass ring, abstracted from one of the pipes adapted to the cocks in bath-rooms, to conduct the water into the bath. This ring, of a conic form, narrowed at the top, and from 1 to 2 inches thick, was unscrewed by a bather who inserted his penis into the aperture. The organ swelled and the ring could not be removed. A paraphimosis ensued, and every effort made to withdraw the ring, which formed a considerable prominence, increased the turgidity of the part. The event occurred on a Saturday, and Mr. Chassaignac saw the patient on the ensuing Monday. It had been attempted to file away the metal, but unsuccessfully, a few asperities alone having been effected.

On Monday, Mr. Chassaignac requested the concurrence of Mr. Mathieu, whose ingenuity and ready assistance are always at hand; Mr. Chassaignac grasped the ring with a strong forceps, which was so much the easier that the ring was bell-shaped behind, so that a forceps could without difficulty glide between it and the penis. The ring being thus steadied, was sawed by Mr. Mathieu in two places, and divided into two almost equal parts. It was removed, and the untoward symptoms soon disappeared.

Mr. Chassaignac called especial attention to the process employed for the removal and division of the metallic ring.

— The *Cosmos* contains the following :

“ Mr. Bérigny, physician to the prisons of Versailles, communicates the following case : On Friday last, at half past eleven o’clock at night, in

consequence of a nocturnal attack, which had just taken place on the Place d'Armes, one of the assailants, wishing to get rid of all proofs of the robbery he had just committed, made his escape and swallowed 65 fr. in 3 twenty-francs pieces and one of five francs. Being apprehended, he confessed the fact; he was then compelled to swallow an efficient dose of castor oil, and this morning he passed without pain in a second stool (a first having occurred without any result), the four coins, the aspect of which has hitherto undergone no kind of modification. The prisoner, as yet, has experienced no disturbance of the digestive functions."

—Want of space did not permit us in our last Number to record the death of Dr. Ferrus, formerly a military surgeon, and one of the most eminent of French alienists. Mr. Ferrus first introduced into France the system of bodily labour, and especially agricultural labour in the treatment of diseases of the mind. He organized for that purpose the farm of Sainte-Anne, from which he obtained the most beneficial results.

Mr. Ferrus's brilliant success in this new direction was justly appreciated and obtained for him, in 1835, the appointment of Inspector General of lunatic asylums, and in 1840, of Inspector of the sanitary service of prisons. The law of 30th June 1838, which inaugurated a new epoch in the treatment of insanity, is indebted to him for its most important clauses, and we may say, without fear of contradiction, that this law has been applied by the greater part of the nations of Europe, and appreciated everywhere.

These titles were sufficient for Mr. Ferrus's glory; but a third remains, which Mr. Brierre de Boismont mentioned over his grave, and which cannot be passed over in silence, viz. the classification of prisoners by origins and by degrees of intelligence, which, had it been better appreciated, would have removed from the prisons and the galleys many unfortunate creatures, who were fit inmates for asylums. At his request, the Emperor subscribed 8,000 *l.* towards the erection of an asylum for cretins at Chambéry.

Mr. Ferrus died at the age of seventy-five, of cerebral hemorrhage, with the first attack of which he was seized in Mr. Thiers's drawing-room, some months back.

— The medical profession in Paris has just sustained another equally great loss in the person of Dr. Giniez, formerly Delpech's clinical clerk, and son-in-law to Cullerier.

—The Provincial Journals announce the death of Dr. Pucelles, at Lille; of Mr. Quotard, professor of Pathology at the Preparatory School of Medicine of Poitiers; of Dr. Jadzewski, at Munster (Haut-Rhin), and of Mr. Giard, formerly a military surgeon, honorary physician of the asylum of Mantes (Seine-et-Oise).

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For the Articles not signed,

H. CHAILLOU, *Chief Editor.*

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